

To be filled in Quadruplicate
use additional sheets if
required

APPENDIX-8

PAKISTAN MEDICAL & DENTAL COUNCIL

TEL: 051-9106171

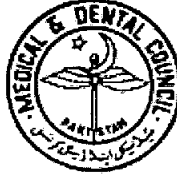
Fax No.051-9106159

Website: www.pmdc.org.pk

E-mail: pmdc@pmdc.org.pk

These forms can be downloaded from our website by using Acrobat Reader. Photocopy of this form is also acceptable

**The Registrar
Pakistan Medical & Dental Council,
Islamabad**



Please paste one
Photograph
attested by the
person specified
on page 8 in
instruction no 4

PMDC FORM-III

FOR

**APPLICATION FOR ISSUANCE OF PERMISSION TO APPEAR IN THE NATIONAL
EXAMINATION BOARD EXAMINATION FOR RECOGNITION OF OVERSEAS BASIC
MEDICAL /DENTAL QUALIFICATION ON INDIVIDUAL MERIT**

(Please see instructions carefully on page:7 In case your documents are not complete or attached or attested, your application will
be sent back unaction in original))

1. Name _____ Sex _____
2. Father's/Husband's Name _____
3. Date of Birth _____ CNIC No. _____
4. (i) Present Nationality _____ Province _____

(ii) Previous, if any (in case of foreign nationals, the purpose for which visa for entry into Pakistan
was granted and the intended period of stay in Pakistan may please be stated).
5. Address Present _____

Permanent _____

6. Purpose of recognition _____

Note:- *Permission Certificate to sit in the National Examination Board Examination shall only be
issued after verification of all documents have been received from the issuing authorities.*

7. BASIC MEDIAL /DENTAL QUALIFICATION:

- (i) Basic Medical /Dental Qualification for which Recognition is required (indicate title of the degree or diploma like M.B.B.S, M.B.Ch.B; MD/BDS

- (ii) Pre-entrance requirement for Medical/ Dental Studies, Matric, F.Sc. or B.Sc Please give detail. (In case such qualifications acquired out-side Pakistan equivalence certificate).

Name of Qualification	Name of University/ Examining body	Name of Institute	Date Examination held	Date result declared	Marks Obtained/ Total marks	Division
a) Matriculation						
b) Intermediate (Pre-Medical) or equivalent						
c) B.Sc. or equivalent						

- (iii) No. of Years spent in the Country/University for obtaining the degree (please enclose photo copies of relevant pages of passport duly attested).

- (iv) Medium of Instruction of Medical/ Dental education.

In case the Medical or Dental qualification is obtained from the institution where medium of instructions is not English then you are required to submit the original certificate IELTS 6.0 score and equivalent in TOFEL test result or a certificate of English language course of one year from NUML for issuance of eligibility.

- (v) Duration of Course/Training

- (vi) Give Details of subjects studied year-wise /semester-wise

Year	Name of Institution Country
First Year	
Second Year	
Third Year	
Fourth Year	
Fifth Year	
Sixth Year	

*If the years of study have been in more than one country specify reasons. Use additional sheet if necessary.

- (vii) Details of subjects prescribed for each examination at the end of each year.

YEAR	SUBJECT	NUMBER OF PAPERS	Marks OBTAINED/TOTAL MARKS
First Year			
Second Year			
Third Year			
Fourth Year			
Fifth Year			
Sixth Year			

- (viii) Mention whether compulsory internship prescribed for registration of conferment of degree/diploma.

- (ix) Whether the qualification conferred/awarded after proper evaluation/examination?

Yes ☐

No ☐

If yes, the System of examination Internal assessment ☐

Comprehensive Examination ☐

Both ☐

Mark "X" in relevant Box

8. Details of professional experience:

Abroad	Pakistan

9. Present Occupation _____

I undertake to inform the Registrar, Pakistan Medical & Dental Council of any change of address of residence or practice and abide by the code of medical ethics prescribed for the registered medical/dental practitioner by the council.

It is certified that I have not so far been registered with the Pakistan Medical & Dental Council and my above particulars are true to the best of my knowledge and belief and nothing has been concealed or suppressed by me in this behalf. **I am aware that all my educational qualifications shall be verified by the PM&DC and eligibility certificate to sit in the NEB examination shall be issued after verification as per PM&DC protocols.**

Signature of applicant _____

Name: _____

Date: _____ Phone: _____

FOR OFFICE USE

1. NEB SECTION

- i. Result No. _____ of NEB held on _____
_____ at _____
- ii. Qualification Recognized. _____
- iii. Equivalence _____

REGISTRATION SECTION

- A. Dr. _____ passed the basic medical/dental
Qualification of _____ from _____ University of _____
Country _____ in the year _____
- B. Prescribed fee has been received & credited vide receipt _____
No. _____ dated _____
- C. Registration certificate No. _____ issued on _____
Valid up to _____
- D. Identity Card _____

Assistant

Superintendent

Assistant/Deputy Registrar

Registrar

**PAKISTAN MEDICAL & DENTAL COUNCIL
OATH FOR MEDICAL AND DENTAL GRADUATE**

In the name of Allah, Most Gracious & Merciful.

1. I solemnly pledge that I shall abide by the principles laid down in the Code of Medical Ethics of the Pakistan Medical & Dental Council.
2. I further make solemn declaration that:-
 - I consecrate my life to the service of humanity.
 - I will give to my teachers the respect and gratitude which is their due.
 - I will practice my profession with conscience dignity and fear of God.
 - The health of any patient will be my first consideration.
 - I will respect the secrets, which are confided in me.

- I will maintain by all the means in my power, the honour and the noble traditions of the medical profession.
- My colleagues will be my brothers and sisters.
- I will not permit consideration of religion, nationality, race, party politics and social standings to intervene between my duty and my patient.
- I will maintain the utmost respect, for human life from the time of conception; even under threat, and will not use my medical knowledge contrary to the laws of humanity.
- I make these promises solemnly, freely upon my honour.

Tel: _____ Email: _____ Date _____

Name _____ Signature of Applicant _____

**(A) SPECIMEN OF UNDERTAKING ON STAMP PAPER OF RS.10/- FOR
PROPER IDENTITY OF FOREIGN GRADUATE**

I, _____ S/o _____

Residential address _____

do hereby solemnly affirm undeclared as under :- _____

1) I am permanent resident of Village/Town _____

P.O _____ Tehsil _____ District _____

Province _____ (a copy of Domicile Certificate OR National Identity

Card is attached)

2) Have passed my Matriculation examination from School _____

in _____ and F.Sc. examination from college _____

_____ in _____

3) I have passed my Medical qualification namely _____

_____ from _____ in the year _____

4) I am the same person who obtained the above academic and Medical & Dental qualifications and not impersonating.

WHATEVER is stated above is true to the best of my knowledge and belief and nothing has been suppressed or concealed by me in this behalf. All the documents submitted by me to PM&DC for registration are genuine and if found forged, criminal proceeding may be initiated me according to the law.

Signature and Seal of the Court.

Deponent

**(B) SPECIMEN OF UNDERTAKING ON STAMP PAPER OF RS.10/-
FOR THE CHANGE OF NAME AFTER MARRIAGE
UNDERTAKING**

I. _____ Daughter of _____

Permanent Address _____

Now residing at _____

do hereby solemnly affirm and declare on oath that I was registered with the Pakistan Medical & Dental Council as _____

before my marriage. I was married to _____

and I have adopted my married name as Dr. _____

Therefore, I may be issued Registration Certificate in my married name as given above.

The above statement is correct to the best of my knowledge and belief and nothing has been concealed or suppressed by me in this behalf.

Signature and Seal of the Court.

Deponent

DETAILS OF QUALIFICATIONS

S.No.	Degree		Specialization		Institution		Date of Exam. held	Date of Result	Academic distinction
	Name	Code	Subject	Code	Name & address	Code			
1.									
2.									
3.									
4.									
5.									
6.									

Code for office use only

DOCUMENTS CHECK LIST/INSTRUCTIONS

(Please check the respective box: In case your documents are not complete or attached or attested, your application will be sent back unactioned in original)

	For Applicant	For Office
1. Application form PMDC-III for recognition of foreign qualification in quadruplicate (four copies) duly filled in and signed by doctor.	<input type="checkbox"/>	<input type="checkbox"/>
2. For Pakistani Nationals, Registration fee Rs.1000/- through Bank Draft in the name of Pakistan Medical & Dental Council Islamabad.	<input type="checkbox"/>	<input type="checkbox"/>
3. For Pakistani Nationals Processing fee of Rs.5000/- in addition to Registration Fee (non-refundable) through Bank Draft.	<input type="checkbox"/>	<input type="checkbox"/>
4. Seven passport size photographs duly attested by person specified at serial 19 with white back ground & both ears are visible.	<input type="checkbox"/>	<input type="checkbox"/>
5. Four Photostat copies of degree, marks sheet and other documents duly attested by person specified At serial no.19. Each page should be attested separately. In case the degree is in the language other than English then four copies of authenticated English translation along with one copy of degree in original language.	<input type="checkbox"/>	<input type="checkbox"/>
6. Attested copy of syllabus/University calendar in English language translation along with one copy of syllabus/ university calendar in original language.	<input type="checkbox"/>	<input type="checkbox"/>
7. Course outline showing the allocation of hours for teaching programme of each year/semester of all subjects taught and examined.	<input type="checkbox"/>	<input type="checkbox"/>
8. In case the Medical or Dental qualification is obtained from the institution where medium of instructions is not English then you are required to submit the original certificate IELTS 6.0 score and equivalent in TOFEL test result or a certificate of English language course of one year from NUML for issuance of eligibility.	<input type="checkbox"/>	<input type="checkbox"/>
9. The permission certificate to appear in the PM&DC exam shall be issued to the applicants only after verification of the degree from the issuing authority has been received.	<input type="checkbox"/>	<input type="checkbox"/>
10. One attested Photostat copy of first 4 pages of passport and the page on which the date of leaving Pakistan and .date of entry to Pakistan are stamped before and after obtaining qualification, respectively.	<input type="checkbox"/>	<input type="checkbox"/>
11. One attested Photostat copy each of National Identity Card or Nationality Certificate.	<input type="checkbox"/>	<input type="checkbox"/>
12. An affidavit dully attested by the 1 st Class Magistrate (specimen-A page 5).	<input type="checkbox"/>	<input type="checkbox"/>
13. One attested Photostat copy each of matric as well as F.Sc (Pre-medical) and in case such Qualifications, acquired from foreign country, an equivalence certificate from IBCC, Islamabad.	<input type="checkbox"/>	<input type="checkbox"/>
14. Foreign National to route application through the concerned Federal Ministry along with a certificate form head of department where admission for postgraduate studies has been approved.	<input type="checkbox"/>	<input type="checkbox"/>
15. Proof of registration with the registering/licensing body in the country of origin if available. Please attach photostat copy.	<input type="checkbox"/>	<input type="checkbox"/>
16. In case change of name after marriage is required, enclose necessary papers such as authenticated evidence, Nikah Nama, Marriage Certificate or undertaking for the purpose (specimen-B page 6).	<input type="checkbox"/>	<input type="checkbox"/>
17. Fee Rs.10000/- for temporary registration/NOC of doctors with foreign nationality visiting Pakistan for teaching/demonstration etc. The temporary registration to the foreign national shall be issued after verification of the degree from the issuing authority.	<input type="checkbox"/>	<input type="checkbox"/>
18. Foreign Nationals and Pakistani doctors applying from foreign countries should pay equivalent amount in foreign exchange through Bank Draft/Cashier's Cheque of a recognized bank payable in Pakistan in favour of bank account titled "PAKISTAN MEDICAL & DENTAL COUNCIL" (without mentioning account number). For further details to submit fee while being abroad kindly visit our website.	<input type="checkbox"/>	<input type="checkbox"/>
19. Attestation:		
i. All documents shall be attested by relevant Pakistan embassy OR	<input type="checkbox"/>	<input type="checkbox"/>
ii. By the Professor/Associate/Assistant Professor of a recognized Medical /Dental College of Pakistan. (stamp of the attester must show his name, designation and present working institution)	<input type="checkbox"/>	<input type="checkbox"/>